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REPRODUCTIVE *Quarterly*

**NEWSLETTER OF THE REPRODUCTIVE HEALTH PROGRAM
UTAH DEPARTMENT OF HEALTH**

INSIDE INFORMATION

Prevention of Perinatal Transmission of HIV

Lois Bloebaum, B.S.N.

Women represent one of the fastest growing groups of HIV positive people. Between 6,000-7,000 HIV positive women give birth per year in the U.S. Although perinatal administration of AZT has been remarkably effective, decreasing the risk of perinatal transmission by two thirds, approximately 200 HIV positive infant cases are diagnosed each year in the United States. Perinatal transmission is responsible for virtually all new AIDS cases in children.[1]

The 1995 Public Health Service guidelines which called for counseling all pregnant women about the risk of AIDS, the benefit of HIV testing, and voluntary testing have resulted in an approximate 43% decline in the number of newborns diagnosed with AIDS. However, perinatal transmission still accounted for at least 432 AIDS cases in the U.S. in 1997. Consequently, a 1998 Institute of Medicine report entitled "Reducing the Odds-Preventing Perinatal Transmission of HIV in the U.S." recommended the adoption of a national policy of universal HIV testing, with patient notification, as a routine component of prenatal care. Patient notification means that the HIV testing would be integrated into the standard battery of prenatal care tests and women would be informed that the HIV test is being conducted and of their right to refuse it.[2]

A recently published meta-analysis reported that the likelihood of perinatal transmission of HIV was reduced by 87% with both elective cesarean section (prior to the onset of labor and rupture of membranes) and receipt of antiretroviral therapy during the prenatal and intrapartum period for the mother, and during the neonatal period for the baby.[3] It has been recommended that women with a viral load greater than 1000 be offered cesarean section prior to 38 weeks' gestation and rupture of membranes.[1] However, according to an article published in the JAMA May 26th issue, a group of Alabama physicians who participated in the aforementioned meta-analysis advise that this option should be used with restraint until more data are available. Their concern stems from the fact that the study did not include women on combination antiretroviral drugs and therefore the findings do not apply to most pregnant HIV-infected women in the U.S. Also, they

(Continued on Page 2)

Notes From The Editor

Debby Carapezza, C.F.N.P.

Have you every tried to type in one of those very long website addresses or tried to tell someone your website address? It takes at least two or three attempts before you or the other person finally gets it right! Recognizing that " http://hlunix.hl.state.ut.us/cfhs/mch/RHP. . ." etc., etc. was not exactly something that stuck in one's memory, the Reproductive Health Program has changed its website address. Hopefully, this change will make it easier for folks out there to find us! Our new website address is now officially:

www.utahrhp.org

Our website has great information on:

- Before You Get Pregnant
- Family Planning
- Pregnancy
- Teen Pregnancy
- Data and Statistics
- SIDS
- Infant or Fetal Outcomes
- Maternal Outcomes
- Past Editions of Reproductive Health Quarterly Newsletter

We'd love to have you take a few minutes to visit our site and give us some feedback. Is the information organized in such way that you can find what you are looking for? What else could we put on the website that would be helpful to you? Let us know!

Our web mistresses are Lois Bloebaum and Anna West. You can send them your comments, questions, and suggestions by clicking on the link that says " send comments to webmaster" at the bottom of every web page, by calling 801-538-9970, or by e-mailing awest@doh.state.ut.us.

(Debby Carapezza, is the Nurse Consultant for the Reproductive Health Program at the Utah Department of Health. For more information she can be contacted at the address, phone number and e-mail address on the back page.)

caution that a cesarean section, which is major abdominal surgery, may pose a risk to the mother's weakened immune system. These authors advise that HIV-infected pregnant women who are not on antiretroviral drugs and get treatment late in their pregnancy may be the best candidates for cesarean section.[4]

A significant barrier to the prevention of perinatal transmission of HIV is the fact that 15% of HIV positive women receive no prenatal care. Some reasons for lack of prenatal care in these patients are: substance abuse with fear of recrimination, lack of access, incarceration, undocumented residents with fear of deportation, and socially disrupted lives.[1]

Another significant source of perinatal transmission of HIV is breastfeeding. The American Academy of Pediatrician's recommendation is that women who are known to be HIV-infected must be counseled not to breastfeed or provide their milk for the nutrition of their own or any other infants.[5]

In summary, to reduce the rate of perinatal transmission of HIV in the U.S., women must enter prenatal care early and be screened for HIV along with the normal battery of prenatal care lab tests. Those who are diagnosed HIV positive need to receive treatment with antiretroviral therapy, possibly deliver by cesarean section prior to labor and rupture of membranes, and refrain from breastfeeding their infants.

Optimal care for HIV positive women and their babies is complex and must be coordinated through the prenatal, intrapartum and postnatal periods. Primary and prenatal care providers cannot all be experts on this care, especially in low prevalence areas. Listed below are some resources for referral of pregnant HIV positive women. In addition, the federal Health Care Financing Agency provides print and video materials to educate women regarding perinatal transmission of HIV at no charge to providers.

REFERRAL RESOURCES:

Prenatal Care/Referrals

- Baby Your Baby Hotline 1-800-826-9662
- Pregnancy Risk Line (801)328-2229/1-800-822-BABY
- Prenatal Program - U of U/SLCCHD (801)483-5455

Support & Medical Care for People with HIV/AIDS

- Clinic 1A, University Hospital (801) 585-2031
- Ryan White Program/Early Intervention (801) 585-1231
- Ryan White Title II Program (801) 534-4524/1-888-767-0055
- Utah AIDS Foundation (801) 487-2323
- People with AIDS Coalition of Utah (801) 484-2205

HIV/AIDS Testing & Related Services

Utah AIDS Foundation (801)487-2323/1-800-FON-AIDS

- Planned Parenthood Association of Utah (801)532-1586 1-800-627-9558
- Salt Lake City-County Health Department (801)534-4666
- Utah County Health Department (801)370-8725
- Utah Department of Health, Bureau of HIV/AIDS (801)538-6096
- For other sites along the Wasatch Front or rural Utah contact the Utah Department of Health, Bureau of HIV/AIDS (801)538-6096 for referrals

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1. Centers for Disease Control satellite broadcast. Update on preventing perinatal transmission of HIV. SLC, UT. April 29, 1999.
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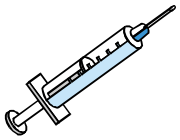
3. International Perinatal HIV Group. The Mode of Delivery and the Risk of Vertical Transmission of Human Immunodeficiency Virus Type I: A Meta-Analysis of 15 Prospective Cohort Studies. New England Journal of Medicine 1999; 340:No.13 :977-86.
4. Stringer J, Rouse D, and Goldenberg R. Prophylactic Cesarean Delivery for the Prevention of Perinatal Human Immunodeficiency Virus Transmission. Journal of the American Medical Association. 1999. 281:1946-49.
5. Committee on Pediatric AIDS. Human Milk, Breastfeeding, and Transmission of Human Immunodeficiency Virus in the United States. Pediatrics. 1995. 96:.5:977-79.

(Lois Bloebaum is the Perinatal Mortality Review Coordinator with the Reproductive Health Program, Utah Department of Health. For more information, she can be reached at 801-538-9970.)

The Utah Department of Health, Bureau of HIV/AIDS, TB/Refugee Health Program has a website at:
http://hlunix.hl.state.ut.us/els/hivaids/index.html

What was that new Reproductive Health Program website address, again?
www.utahrhp.org



Vaccinating Pregnant Women

Kathy Hoenig, B.S.
Nan Streeter, R.N., M.S.

(The following information is only a summary of the Centers for Disease Control and Prevention Recommendations from the Advisory Committee on Immunization Practices (ACIP). Clinicians are encouraged to refer to the original sources of information as listed in the reference section for more complete information.)

Immunizations during pregnancy often lead to questions about safety for mother and fetus. The benefits of immunizations during pregnancy often outweigh the risks, although there are certain types of vaccines that are not to be used during pregnancy due to the likelihood of harm to the mother or fetus. Immunization during pregnancy may outweigh the potential risk of actual infection depending on whether the mother's potential exposure to the disease is high, the risk of actual infection would result in risk to the mother or her fetus, and the vaccine itself is not likely to result in risk. Passive immunization of pregnant women with immune globulin preparations is not known to pose a risk to the fetus. [1]

Generally, live-virus vaccines are contraindicated during pregnancy due to potential viral transmission to the fetus from the vaccine. If a live-virus vaccine is inadvertently given during pregnancy, or if the woman becomes pregnant within 3 months following the immunization, she should be counseled regarding the potential effects on the fetus, although this usually is not an indication for pregnancy termination. [2]

Immunizations in Women Who are Breastfeeding

The safety of breastfeeding is not affected with killed or live vaccines. Breastfeeding does not adversely affect immunization and is not a contraindication for use of any vaccine. [1]

TABLE 1: VACCINES AND THEIR USE OR CONTRAINDICATIONS DURING PREGNANCY [2]

Vaccine	Should Be Considered if Otherwise Indicated	Contraindicated During Pregnancy	Special or Absent Recommendation
ROUTINE			
Hepatitis A			1**
Hepatitis B	✓		
Influenza	✓		
Measles*		✓	
Mumps*		✓	
Pneumococcal			2**
Polio (OPV* and IPV)			3**
Rubella*		✓	
Tetanus/Diphtheria	✓		
Varicella*		✓	
TRAVEL & OTHER			
BCG*		✓	
Cholera			4**
Japanese Encephalitis			5**
Meningococcal	✓		
Plague			6**
Rabies	✓		
Typhoid (Parenteral & Ty21a*)			7**
Vaccinia*		✓	
Yellow Fever*			8**

***Live, attenuated vaccine**

****See text page 4**

1) Hepatitis A
The safety of hepatitis A vaccination during pregnancy has not been determined, but because it is an inactivated vaccine, the potential risk to the fetus is low. If a pregnant woman is at high risk for exposure to hepatitis A infection, the risk of infection should be weighed against the risk associated with immunization. [3]

2) Pneumococcal Vaccine
The safety of pneumococcal vaccine during pregnancy has not been studied. No adverse effects have been noted among infants whose mothers were immunized during pregnancy. [4]

3) Poliomyelitis Vaccines
Immunization with oral polio vaccine (OPV) or inactivated polio vaccine (IPV) during pregnancy should be avoided. If a pregnant woman requires protection against the polio virus, she can be given OPV or IPV. [5]

4) Cholera Vaccine
The safety of cholera vaccine in pregnant women is unknown. Its use should reflect actual need. [6]

5) Japanese Encephalitis Vaccine
The safety of Japanese Encephalitis Vaccine during pregnancy is not known. Because the risk to the developing fetus is unknown, it should not be routinely administered during pregnancy. If a pregnant woman is anticipating great likelihood of exposure to the virus, the potential risk of the immunization needs to outweigh the risk of infection in the mother or fetus. [7]

6) Plague Vaccine
The safety of the plague vaccine during pregnancy is not known. The vaccine should only be used for pregnant women when the potential benefits of immunization outweigh the potential risks to the fetus. [8]

7) Typhoid Vaccines
The safety of any of the typhoid vaccines during pregnancy is not known. [9]

8) Yellow Fever Vaccine
The safety of yellow fever vaccine during pregnancy is not known. ACIP recommends that immunization with yellow fever vaccine should not be done during pregnancy unless a pregnant woman must travel to high-risk areas for contracting yellow fever. In such a case, the potential risk of immunization is outweighed by the risk of yellow fever infection. The best option is delay of travel to these areas until after delivery. [10]

Additional Information

Tetanus and Diphtheria Toxoids (Td) Vaccine
If a previously vaccinated pregnant woman has not received a Td vaccination within the last 10 years, she should receive a booster dose. If a pregnant woman is unimmunized or only partially immunized against tetanus, she should complete the primary series. [1] To minimize the concern about the possibility of teratogenic effects, delaying administration of Td until the second trimester of pregnancy is a reasonable precaution. [11]

Influenza
Data indicate that influenza may result in increased morbidity in women during the second and third trimesters of pregnancy. Therefore, ACIP recommends influenza vaccination for women who will be in at least the 14 th week of gestation during influenza season, generally December to March in the US. Pregnant women with medical conditions that would increase their risk for complications from influenza should be vaccinated before the influenza season regardless of the stage of pregnancy. [12]

Hepatitis B
There is no information available about the safety of hepatitis B vaccine in pregnant women. Since the vaccine contains noninfectious particles, it should not pose a risk to the fetus. [13] In contrast, if a pregnant woman acquires HBV infection, it may cause severe disease in the mother and chronic infection in the newborn baby. ACIP recommends that Hepatitis B vaccine be given to women at risk for infection. [1]

Measles, Mumps, and Rubella (MMR) Vaccine
The MMR vaccine and its component vaccines should not be administered to women known to be pregnant. Due to the risk to the fetus from the administration of these live virus vaccines, women should be counseled to avoid pregnancy for thirty days following vaccination with measles or mumps containing vaccines and for three months following vaccination with MMR or other rubella-containing vaccines. However, vaccination with MMR during pregnancy should not ordinarily be a reason to consider termination of pregnancy. Rubella-susceptible women who are pregnant should be counseled regarding the potential risk for Congenital Rubella Syndrome and the importance of being vaccinated as soon as they are no longer pregnant. [14]

Varicella

Since the effects of varicella vaccine on the fetus are unknown, it should not be administered to pregnant women or women attempting to become pregnant. The American Academy of Pediatrics and ACIP recommend that when a nonpregnant woman is vaccinated, pregnancy be avoided for 1 month following receipt of each varicella injection. If a susceptible, pregnant woman has been exposed to varicella, Varicella Zoster Immune Globulin (VZIG) should be strongly considered. [15]

If a pregnant woman is inadvertently vaccinated or becomes pregnant within one month following vaccination, she should be counseled about the potential effects on the fetus. Generally, termination of a pregnancy should not be based on administration of the vaccine during pregnancy. [15]

The vaccine manufacturer, in collaboration with the Centers for Disease Control and Prevention, has established a VARIVAX® Pregnancy Registry to monitor the maternal-fetal outcomes of pregnant women inadvertently receiving varicella vaccine three months before or any time during pregnancy. The telephone number for the Registry is 1-800-986-8999.[2]

References:

1) Centers for Disease Control and Prevention. General Recommendations on Immunization: Recommendations of the Advisory Board on Immunization Practices (ACIP). MMWR 43 (No. RR-1): 21, 1994.
2) Guidelines for Vaccinating Pregnant Women from the Recommendations of the Advisory Committee on Immunization Practices (ACIP). Department of Health & Human Services. Centers for Disease Control & Prevention. October 1998.
3) Centers for Disease Control and Prevention. Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 45 (No. RR-15): 20, 1996.
4) Centers for Disease Control and Prevention. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACHIP). MMWR 46 (No. RR-8): 6, 1997.
5) Centers for Disease Control and Prevention. Poliomyelitis Prevention in the United States: Introduction of a Sequential Vaccination Schedule of Inactivated Poliovirus Vaccine Followed by Oral Poliovirus Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 46 (No. RR-3): 18, 1997.
6) Centers for Disease Control and Prevention. Cholera Vaccine: Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 37 (No. 40): 2, 1988.
7) Centers for Disease Control and Prevention. Inactivated Japanese Encephalitis Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 42 (No. RR-1): 12-13, 1993.
8) Centers for Disease Control and Prevention. Prevention of Plague: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 45 (No. RR-14): 10, 1996.
9) Centers for Disease Control and Prevention. Typhoid Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 43 (No. RR-14): 7, 1994.
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11) Centers for Disease Control and Prevention. Diphtheria, Tetanus, and Pertussis: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 40 (No. RR-11): 19, 1996.
12) Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 47 (No. RR-6): 6, 1998.
13) Centers for Disease Control and Prevention. Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 43 (No. RR-13): 4, 1991.
14) Centers for Disease Control and Prevention. Measles, Mumps, and Rubella – Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 47 (No. RR-8): 32-33, 1998.
15) Centers for Disease Control and Prevention. Prevention of Varicella: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 45 (No. RR-11): 19, 1996.

(Kathy Hoenig is the Community Health Specialist and Vaccines for Children Coordinator (VFC) in the VFC Program at the Utah Department of Health. For more information, she can be contacted at 801-538-9450.)

(Nan Streeter is the Program Manager of the Reproductive Health Program with the Utah Department of Health. For further information, she can be reached at 801-538-9970.)

For more information:

Current ACIP recommendations can be found on the National Immunization Program's website at:

http://www.cdc.gov/nip




THE SHARING CORNER

GROWING UP COMES FIRST AN ABSTINENCE-ONLY EDUCATION PROGRAM

Lara Bryson

The Utah Abstinence-Only Education Program was developed in response to the federal Abstinence Education Program that was created through the 1996 welfare reform legislation. The purpose of the program is to promote abstinence from sexual activity until marriage as the only way to avoid consequences of early sexual activity, such as pregnancy, sexually transmitted diseases, and HIV/AIDS. This articles highlights one of the eleven community-based projects in the state.

Growing Up Comes First (GUCF) was designed to expand the content of maturation classes that are held in the later elementary grades for boys and girls. Most maturation classes that are held for 5th and 6th graders in the state have only dealt with the changes of puberty on a very cursory level. There is no standardized curriculum to guide the individuals who teach the classes. This program was designed to provide health educators and others who teach these classes with a standard curriculum that incorporates current, accurate information about the maturation process, including physical and emotional changes, combined with the additional related content of abstinence and decision making skills.

The Growing Up Comes First Program is a three-part curriculum that teaches maturation, abstinence, and decision-making skills. Growing Up Comes First is designed for boys and girls, ages 10-12 years and their parents or guardians. The program encourages parental involvement and parent/child communication. It is designed for public and private school settings, after school programs, youth organizations, churches and social groups. The program includes a teaching kit that is available statewide. The teaching kit includes the teaching guide and curriculum, a parent handbook, student activity sheets, visual aids, pre- and post-tests for youth, and a parent evaluation.

The curriculum is covered in three classes. The maturation class provides students with accurate information regarding reproductive anatomy and the physical and emotional changes that occur during puberty. The abstinence class provides students with an opportunity to discuss the negative consequences of early sexual activity and the benefits of abstinence. The decision-making class is designed to help youth develop skills in weighing consequences and making sound decisions. During the three classes, students have opportunities to discuss their emotions and concerns and receive accurate information and answers to their questions. They participate in various activities including brainstorming, role-playing activities, practice making decisions and developing communication skills using a decision-making model. Students learn tips for asking parents about growing up, fun and easy learning activities, and answers to questions about puberty. Parents also participate in the classes and activities with their youth learning conversation starters, answers to questions girls and boys ask about growing up, and parent-friendly facts and definitions. Teachers are supplied with easy to follow lesson plans and visual aids, responses to "commonly asked questions" and teacher-friendly definitions and guidelines.

Two Planned Parenthood staff members have conducted numerous two-hour facilitator trainings throughout the state. The trainings were conducted in local health departments in locations such as Nephi, Price, Salt Lake City, St. George, and Vernal. Participants included health educators, school nurses, school counselors, and health teachers. The trainings accomplished two purposes: 1) to inform health educators about the GUCF Program, why it was created, and the messages that the curriculum imparts on maturation, abstinence, and decision-making, and 2) how to facilitate the program for children and their parents in their own communities.

GUCF has been approved by and is being used in the following school districts: Carbon County (East Carbon, Wellington, Price and Helper), Granite, Murray, Salt Lake, Tooele, and the Tri-County area (Duchesne, Daggett and Uintah). In addition, the program has been conducted for 5th and 6th graders at the Jewish Community Center's Elementary School and for 4th and 5th graders at Rowland Hall-St.Mark's Lower School.

For more information about the program or information about the teaching kits, please call the Abstinence Program Coordinator at Planned Parenthood Association of Utah at 801-532-1586 or toll-free at 800-627-9558.

(Lara Bryson is the Abstinence Project Coordinator for Planned Parenthood Association of Utah. For more information, she can be reached at the above numbers.)

The Planned Parenthood Association of Utah's website can be found at:
http://www.xmission.com/~ppau

Announcements

THE CARE FAIR IS COMING!! THE CARE FAIR IS COMING!!

The Junior League of Salt Lake City, Inc. is presenting its annual **Care Fair**, a community assistance and resource event on **Friday, August 6th** from 9:00 AM to 7:00 PM and **Saturday, August 7th**, 9:00 AM to 6:00 PM at the Horizonte Instructional and Training Center, 1234 South Main Street. **Free medical services include:**

Immunizations	Hearing screening
Physicals	Diabetes screening
Cancer screening and breast exams for women	Cholesterol screening
Dental screening	DDI – Babywatch, an Early Intervention Program
Vision screening	Planned Parenthood

Over 50 community agencies will be represented including:

Department of Workforce Services	WIC – Mobile Unit
Legal Assistance	Library Information
Success by Six	Housing Information
Utah Highway Safety-Carseat Information	Mental Health Information
Head Start	

Each child will receive a free Goody Bag and Arthur the Aardvark will be making appearances. Day care and story readings will be available.

For more information call the Care Fair's Hotline at 355-1868. This is a great opportunity for low-income families to access needed services for ***FREE***!!!

UTAH PERINATAL ASSOCIATION ANNUAL CONFERENCE

Need a little excuse to extend your Labor Day Holiday and spend some time at the **Homestead Resort** in **Midway**? Well, here it is! **September 7th and 8th** the **Utah Perinatal Association** is convening its **22nd Annual Conference.** Topics include: Cardiac Disease and Pregnancy, Domestic Violence in Pregnancy, Rest & Descend and Management During Second Stage Labor, Ethical Issues in the Care of the Critically Ill Neonate, Infertility Update, and MORE!!! The registration fee is $135.00. CEUs will be available. For more information contact Renee Jones at 801-398-6858 or e-mail: mkrjones@ihc.com.

THE PRICE IS RIGHT!!

The Denver STD/HIV Prevention Training Center is offering an **STD CLINICIANS' UPDATE**, **September 9-10, 1999** in Denver. There is also an optional 4-hour workshop being offered on Wednesday, September 8th from 12:30 to 4:30 P.M. **The training and CEUs are FREE!!!** Participants must be prepared to cover their own cost of lodging, travel, and per diem expenses. For more information, please call the Denver STD/HIV Prevention Training Center at 303-436-7226 or visit their homepage at http://inpharmatics.uc.edu/stdptc.html.